



## Medi-Cal Language Access Services Taskforce

### Participation Agreement

Effective Period – December 2006 to August 2008

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#### **I. Vision & Mission**

Each participating organization signed herein recognizes and is committed to the importance of access to quality and affordable health care and health care coverage. Additionally, each organization and participant recognizes the value of improving provider-patient communication in the construct of those limited English proficient patients, defined as speaking English less than “very well”. As a result, each organization recognizes the importance of the tasks assigned to this Taskforce and agrees to uphold their responsibility to this Taskforce on behalf of their respective organization.

#### **II. Purpose of Participation Agreement**

The described agencies and organizations listed herein participate for the purposes of accomplishing a final language services recommendation to be presented to the California Department of Health Services. Specifically, the Taskforce will be charged with making recommendations to the Administration on a model for reimbursement of language services in Medi-Cal. Each organization is committed to the time period indicated by full participation in order to complete such (a) recommendation(s).

This Participation Agreement delineates specific roles, responsibilities and resources for each organization during this time period. Further, each organization recognizes that the elements of such a commitment serve as minimum standards and should in no manner be perceived to inhibit work above and beyond those described.

#### **III. Membership Guidelines**

The Taskforce aims to maintain balanced representation from the following three healthcare sectors: 1) government agencies, 2) practitioners and providers, and 3) consumers and advocates. The Taskforce will include representation from the OMH Council and external stakeholders representing the government, Medi-Cal providers and Medi-Cal limited English proficient consumers. Each organization shall have one (1) primary representative for such organization. For the purposes of decision making, the assigned primary representative is the only recognized representative for the organization. No substitute(s) will be accepted for decision making.

#### **IV. Roles**

Recognizing the potential technical nature of the task force and to strengthen the overall effectiveness of the Taskforce to produce (a) final recommendation(s) within the timeframe identified, each partner organization and agency recognizes the following:

**Attendance**

Meetings of the Taskforce will be held every other month beginning December 2006 through December 2007, in Sacramento. Additional teleconference meetings will be scheduled as necessary. All meetings of the Taskforce are mandatory. In signing this Participation Agreement, primary representatives understand that they must attend 80% of all meetings. Additionally, representatives may not miss more than three (3) consecutive meetings. This includes both bi-monthly in-person meetings to be held in Sacramento with alternate teleconference meetings established as necessary based on the workload of the task force.

**Participation**

All primary representatives designated by their organization will be expected to serve the full term identified by this Participation Agreement. At any point during this tenure, if an organization's primary representative becomes unable to meet participation requirements including attendance, the organization may assign one (1) replacement representative. No more than one replacement representative may be designated by any one organization or agency during the tenure identified in this Participation Agreement. Two successive attempts at delegating representatives from one organization or agency will result in the permanent removal of that organization or entity from the Taskforce. Additionally, any organization or agency may voluntarily resign or opt out of the Taskforce at any time by written notice.

**Level of Participation**

The Taskforce recognizes the working nature of this Taskforce. As such, the tasks and deliverables ascribed to such a Taskforce will require participation beyond attendance of required in-person meetings and other meetings as determined by the Taskforce. In signing this Participation Agreement, primary representatives understand that tasks delegated and accepted will be completed by the agreed-upon time.

**V. Responsibilities**

Participating representatives recognize that they will generally be held responsible, or may delegate others within their organization or agency, to meet the full function of the Taskforce. This may include, but is not limited to the following:

- Collection of data and research;
- Assembling and presenting data and research;
- Presentation of their organizational capacity and role in the language services model;
- Selection, assistance and follow up with potential speakers or other speakers and facilitators;
- Be responsible for soliciting and presenting input from within their organization;
- Will share relevant and critical information within and beyond the scope of the tasks assigned to the Taskforce for the purposes of identifying, assessing and compiling the final recommendation(s);
- Provide timely response to queries or assignments needing completion;
- Be responsible for and participate in education and consensus building on final recommendation(s).

**VI. Resources**

By signing this Participation Agreement, respective organizations recognize that compensation will not be provided by the California Department of Health Services. All Taskforce participation is voluntary. This should not be interpreted to preclude any organization or agency from providing individual compensation if it is deemed to be a reasonable compensation based on their employment or other interest.

*On behalf of the organization I represent, I wish to sign this Participation Agreement and contribute to the intent and function of the Taskforce as described above.*

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Carolyn Pierson, Co-Chair  
Office of Multicultural Health

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Lupe Alonzo-Diaz, Co-Chair  
Latino Coalition for a Healthy California

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Vanessa Baird  
California Department of Health Services

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Irv White  
California Department of Health Services

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Rachel Guerrero, Chief of Office of Multicultural Health  
California Department of Mental Health

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Bob Sands  
California Health and Human Services Agency

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California State Association of Counties

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Tom Riley  
California Association of Family Physicians

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Gayle Mathe  
California Dental Association

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Don Schincke  
California Health Interpreters Association

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Peggy Wheeler  
California Hospitals Association

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NAME  
California Medical Association

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Elia Gallardo  
California Primary Care Association

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Vivian Huang  
Asian Americans for Civil Rights & Equality

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Ho Tran  
Asian Pacific Islander American Health Forum

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NAME  
California Black Health Network

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NAME  
California Rural Legal Assistance

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Doreena Wong  
National Health Law Program

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Marty Martinez  
California Pan-Ethnic Health Network

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Miya Iwataki  
Los Angeles County, Department of Health Services – Diversity Programs

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Martha Jazo-Bajet  
Community Health Group

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TBD